

GPI806/5
BOX SEC.

In re the application of Arlene H. Sharpe, et al.

Case Docket No. BWI-120CPUS

Serial No. 08/702,525

Filed: February 7, 1997

For: Novel Forms of T Cell Costimulatory Molecules and Uses Therefor

ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

Sir:

Transmitted herewith for filing in connection with the above-identified application are the following:

- ☒ Amendment & Response to Restriction Requirement.
- ☒ Substitute Pages 45-96 containing the Sequence Listing.
- ☒ A Request for a Four-Month Extension of time.
- ☒ Transmittal of Sequence Listing.
- ☒ Sequence Listing Diskette.
- ☒ A check in the amount of \$1,510.00 (for extension fees).
- ☒ Notification of Change of Mailing Address.

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The fee has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | OR | OTHER THAN A SMALL ENTITY | |
|--|----------------------------------|----------|---------------------------------|---------------|------------------|------------|----|---------------------------|------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE | | RATE | ADDIT. FEE |
| TOTAL | * 76 | MINUS | ** 76 | = 0 | x 11 = | \$0.00 | | x 22 = | \$00.00 |
| INDEP. | * 21 | MINUS | *** 21 | = 0 | x 40 = | \$0.00 | | x 80 = | \$ 0.00 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | +130 = | \$0.00 | | + 260 = | \$0.00 |
| | | | | | TOTAL ADDIT. FEE | \$0.00 | OR | TOTAL | \$00.00 |

- * If the entry in Col 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ A check in the amount of \$1,510.00 is enclosed for Four-Month Extension of Time.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-0080. A duplicate copy of this sheet is enclosed.
 - ☐ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
 - ☐ Any patent application processing fees under 37 CFR 1.17.
- ☒ Please charge any additional fees or credit any overpayments associated with this communication to our Deposit Account No. 12-0080. A duplicate copy of this sheet is enclosed.

I hereby certify that this transmittal letter and the papers referred to as being enclosed therein are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on:

Date

Signature of Person Mailing

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